PTOTSBURG (13-04)
Approved for use through 7/31/2008, OMB 6651-0032
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and and Trademark Office; U.S. DEPARTMENT OF COSMETICE Under the Peperwork Reduction Act of 1995, no persons are required to n i to a collection of information unless it displays a valid CMB control requi PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY SMALL ENTITY (Cohimm 1) (Cotumni 2) NUMBER FILED MUMBER EXTRA RATE (\$) FEE (8) RATE (1) (A) CHR LINING (C) OF (C) SEARCH FEE DE CHE LEDGE FL OF DEE EXAMENATION FEE G7 OFR LENGL (3) ar (6) TOTAL CLAMS OR PROEPENDENT CLAIMS OF OFR 1,10(4) ė • If the specification and drawings exceed 100 shoots of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See APPLICATION SIZE FEE CS7 CFR 1.15(kg) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPOSIDENT CLAIM PRESENT OF CFR LINGS If the difference in column 1 is less than zero, exist "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 2) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST MANBER PREVIOUSLY REMAINING PRESENT RATE (II) ADDI-TIONAL RATE (S) ADDI-TIONAL AFTER PAID FOR FEE (1) FEE (f) OR 줊 DEPT OR Application Size Fee (37 CFR 1.18(s)) FRIST PRESENTATION OF MILETIPLE DEPONDENT CLAIM (17 CFR 1.160) OR TOTAL ADD'L FEE TOTAL ADDIL FEE (Column 2) (Column 3) HIGHEST MANBER CLAIMS PRESENT EXTRA REMAINING RATE (S) ADDI-RATE (S) ADD AFTER PREVIOUSLY AEN-AMENDMENT PAD FOR FEE (F) FEE (H) 020 OR ENDA OR Application Size Fee (37 CFR 1.15(a)) FIRST PRESENTATION OF MOLTIPLE DEPONDENT CLAIM (ST CFR 1.14(D) **DR** TOTAL ADOL FEE

If the extry in column 1 is less than the entry in column 2, write "0" in column 2.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (Total or independent) is the highest number lound in the expropriate box in column 1.

This collection of information is required by 3T CFR 1.18. The information is required to obtain or settin a benefit by the public which is to side (and by the USPTO to process) an application. Conflictnishing is governed by 3S U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, excluding gathering, preparing, and estimating the completed application form to the USPTO. Three will vary depending upon the inclinities can be defined as a complete and Trademark Office, U.S. Department of Completes, P.O. Ber 1450, Afercandita, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Afercandita, VA 22313-1450.

TOTAL

ADD'L FEE

OR

. 1	· v		Application or Docket Number									
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY	OF	•	R THAN ENTITY	
TOTAL CLAIMS QU						· · ·	RATE	E FEE	7	RATE	FEE	
FOR			NUMBER	FILED	NUME	BER EXTRA	BASIC F		OR		 	
TOTAL CHARGEABLE CLAIMS			210 mir	nus 20=	• 4		X\$ 9:	=	OR	V040	 	
INC	DEPENDENT CI	LAIMS	3 m	inus 3 =	. 0		X43=	1/	OR	Vac	1/	
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT				+145:	1/2	1 .		X-	
* If the difference in column 1 is less than zero, enter "0" in co						column 2	TOTA	- X /-	OR	TOTAL	720	
PLAIMS AS AMENDED - PART II							Power.] O	OTHER	THAN	
5	101197	(Column 1)	11012010	(Colum	nn 2)	(Column 3)	SMAL	L ENTITY	OR	SMALL		
AMENDMĘNT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	BER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DMC	Total	5	Minus	2	9_		X\$ 9=		OR	X\$18=	1	
ME	Independent	. 1	Minus	****	5	0	X43=	1/	OR	X86=	7	
كا	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM		+145=	100	1	+290= \	1/1	
								AL V	OR	TOTAL		
		(O-1-ma 4)		· Calum		· · · · · · · · · · · · · · · · · · ·	ADDIT. FE		JOH	ADDIT. FEE	<u></u>	
		(Column 1) (Column 2) CLAIMS HIGHEST		EST	(Column 3)		ADDI-	1		ADDI-		
AMENDMENT B	 	REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA	RATE			RATE	TIONAL FEE	
MON	Total	•	Minus	**			X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	***		-	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		+145=		OR	+290=		
							TOTA	<u>и</u>		TOTAL	•	
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\neg		(Column 1) CLAIMS		(Columi		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOL PAID FO	IER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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AME			Minus	***		•	X43=	·	OR	X86=		
<u> </u>	FIRŞT PRESEI	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		+145=	1	ı			
• If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL		
"If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	DOIT. FEE		
	The "High st Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											